

# TRANSMITTAL FORM

Application Serial Number	10/659,326
Filing Date	September 11, 2003
First Named Inventor	HARASHIMA, Satoshi
Group Art Unit	1633
Examiner Name	KAUSHAL, Sumeshi
Attorney Docket No.	NANJ-0009-US1
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"> <input type="checkbox"/> Check Attached  <input checked="" type="checkbox"/> Copy of Fee Transmittal Form         </div> <input type="checkbox"/> Amendment/Response <div style="margin-left: 20px;"> <input type="checkbox"/> Preliminary  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]         </div> <input type="checkbox"/> Petition for Extension of Time (1/2/3 months)  <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> Form PTO-1449  <input type="checkbox"/> Copies of IDS Citations         </div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <div style="margin-left: 20px;"> <input type="checkbox"/> Paper Copy/CD  <input type="checkbox"/> Computer Readable Copy  <input type="checkbox"/> Statement verifying identity of above         </div>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <div style="margin-left: 20px;"> <input type="checkbox"/> Certificate of Correction (in duplicate)         </div> <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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## CORRESPONDENCE ADDRESS

Direct all correspondence to:

Jagtiani + Gutttag, LLLP  
 10363-A Democracy Lane  
 Fairfax, VA 22030  
 Tel. No.: (703) 591-2664  
 Fax No.: (703) 591-5907  
 CUSTOMER NO: 22506

## SIGNATURE BLOCK

Respectfully submitted,

Date: May 14, 2008  
 Reg. No.: 35,205  
 Tel. No.: (703) 591-8664  
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/Ajay A. Jagtiani/ Reg. No. 35,205  
 Ajay A. Jagtiani  
 Attorney for the Applicant(s)  
 Jagtiani + Gutttag, LLLP  
 10363-A Democracy Lane  
 Fairfax, VA 22030

# FEE TRANSMITTAL FY 2008

(Effective September 30, 2007,  
Revisions Effective November 15, 2007)

Complete if Known

Application Serial No.	10/659,326
Filing Date	September 11, 2003
First Named Inventor	HARASHIMA, Satoshi
Group No.	1633
Examiner Name	KAUSHAL, Sumeshi
Confirmation No.	3126

## METHOD OF PAYMENT

- ☒ Payment Enclosed:  
☐ Check ☐ Money Order ☒ Other  
☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 10-0233  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.  
☒ Applicant claims small entity status.

## FEE CALCULATION

Application Type	Filing	Search	Examination	Fee Paid
Utility	310	510	210	
Design	210	100	130	
Plant	210	310	160	
Reissue	310	510	620	
Provisional	210	0	0	

Small Entity Discount

## 1. TOTAL

2. EXCESS CLAIM FEES		Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.		210	105
Total Claims	Extra Claims	Fee Paid (\$)	

- 20 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
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- 3 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)
	370	185	

## 2. TOTAL:

## 3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional sheet or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
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-100= 0 /50= \_\_\_\_\_ round up to a whole number x \_\_\_\_\_ = 0.00

## 3. TOTAL:

## CORRESPONDENCE ADDRESS

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## FEE CALCULATION (continued)

## 4. ADDITIONAL FEES

Large Entity	Small Entity	Fee (\$)	Fee Description	Fee Paid
130	65		Surcharge - late filing fee or oath	
50	25		Surcharge - late provisional filing fee or cover sheet	
130	130		Non-English specification	
2,520	2,520		Request for ex parte re-examination	
120	60		Extension for reply within 1 <sup>st</sup> mo.	
460	230		Extension for reply within 2 <sup>nd</sup> mo.	
1,050	525		Extension for reply within 3 <sup>rd</sup> mo.	
1,640	820		Extension for reply within 4 <sup>th</sup> mo.	
2,230	1,115		Extension for reply within 5 <sup>th</sup> mo.	
510	255		Notice of Appeal	
510	255		Filing a brief in support of an appeal	
1,030	515		Request for oral hearing	
400	0		Petitions to the Director	
180	180		Submission of IDS	
810	405		Filing a submission after final rejection (37 CFR 1.129(a))	
810	405		For each additional invention to be examined (37 CFR 1.129(b))	
100	100		Certificate of Correction for applicant's error	
130	65		Submission of Terminal Disclaimer	

Other fee (Specify) Request for Continued Examination \$405.00

Other fee (Specify) \_\_\_\_\_

4. TOTAL: \$405.00

## TOTAL AMOUNT SUBMITTED

(\$405.00)

## SIGNATURE BLOCK

Respectfully submitted,

Date: May 14, 2008  
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Fax No.: (703) 591-5907

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